

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3	1					
4	1					
5		1				
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12						
13						
14						
15						
16						
17						
18	1					
19						
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46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	1	0	0	0	0	0
TOTAL CLAIMS	1	1	0	0	0	0

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								